

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 172

Registered No. .... 172

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number.)

2. Full name of child Jose Caballero Jr. If child is not yet named, make supplemental report, as directed.

3. Sex of Child <i>Male</i>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <i>yes</i>	7. Date of birth <i>7-2-23</i> Month Day Year
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8. **FATHER**  
Full name Jose Caballero  
9. Residence Globe  
(Usual place of abode)  
If non-resident, give place and state. Ariz.  
10. Color or race Mex.  
11. Age at last birthday. 35 (Years)

12. Birthplace (city or place) Hillsborough  
(State or country) New Mexico

13. Occupation  
Nature of Industry *Miner.*

20. Number of children of this mother.....6.....

(Taken as of time of birth of child herein  
certified and including this child.)

(a) Born alive  
(b) Born alive  
(c) Stillborn.....

14. **MOTHER**  
Full maiden name Doyle Piaz

15 Residence  
(Usual place of abode) Globe  
If non-resident, give place and state. Ariz.

16 Color or race  
Mex.

17. Age at last birthday 35 (Years)

13. Birthplace (city or place) Hillsborough  
(State or country) N. Mex.

19. Occupation  
Nature of industry *Housewife.*

20. Number of children of this mother <u>6</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>0</u>	21. Were precautions taken against oph- thalmia neonatorum? <u>yes</u>
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**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6:30 A.m. on the date above stated.  
(Born alive - ~~stillborn~~.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature..... C. W. Adams  
Globe Air  
 (Physician or midwife)

Given name added from  
a supplemental report. \_\_\_\_\_ Month day year

Address \_\_\_\_\_

136-702-279 Registrar

Filed 7/30, 1925, W. W. Horst  
Registrar